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22852 7590 10/18/2010

Finnegan Henderson Farabow Garrett & Dunner LLP
901 New York Avenue, NW
Washington, DC 20001-4413

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(Depositor's name)
(Signature)
(Date)

APPLICATION	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/654,907	09/05/2003	Valerie DE LA POTERIE	05725.1236-00	6821

TITLE OF INVENTION: COSMETIC COMPOSITION COMPRISING A TACKY WAX

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$ 0	\$1810	01/18/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
VENKAT, JYOTHSNA A.	1619	424-070700

1. Change of correspondence address or indication of "Fee Address" (37 CFR. 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Finnegan, Henderson,

2. Farabow, Garrett &

3. Dunner, L.L.P.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT substitute for filing an assignment.

(A) NAME OF ASSIGNEE::
L'OREAL S.A.

(B) RESIDENCE: (CITY & STATE OR COUNTRY):
PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ Government

<p>4a. The following fee(s) are submitted:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input type="checkbox"/> Advance Order - # of Copies _____</p>	<p>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</p> <p><input checked="" type="checkbox"/> Payment will be made via EFS WEB.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the registered fee(s), or credit any overpayment, to Deposit Account No. <u>06-0916</u> (enclose an extra copy of this form).</p>
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: Mary E. Chlebowska

Date: January 6, 2011

Typed or printed name: Mary E. Chlebowska

Registration No.: 66,356

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